

COMPLAINT FORM

CR # _____

Officer Assigned _____

MTIBR CODE # _____

NATURE OF COMPLAINT: _____

COMPLAINANT'S NAME: _____

ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE _____

REPORTED BY _____

HOW REPORTED: IN PERSON _____ BY PHONE _____

DISPATCHER _____ TIME _____ DATE _____

DETAILS OF COMPLAINT OR INCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

SIGNATURE _____ DATE _____

OFFICE USE:

MT CODE: _____ CITY CODE: _____ COUNTY ORDINANCE _____

MTIBR CODE NO. _____ FBI CODE NO _____

CASE CLOSED: _____ UNFOUNDED: _____ OTHER _____

CLEARED BY ARREST NTA TICKET NO. _____

OFFICER COMMENTS

OFFICER'S

SIGNATURE _____ DATE _____
